

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-378)

SERIAL NO.

FILING DATE

10/070899

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10	1						60						
11		1					61						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	18						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

Barbara Campbell
National Stage Processing
(703) 305-3831

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